

# Petition for Extension of Time under 37 CFR 1.136(a)

Docket Number

FR-AM1982NP

Address To  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

## Application Information

First Named Inventor	AUBERT, T.
Application No.	10/575,597
Filing Date	April 13, 2006
Examiner	BOYLE, R.C.
Art Unit	1764

## Title of Invention

CURING AGENT WHICH IS SUITABLE FOR EPDM-TYPE RUBBERS

## COMMISSIONER FOR PATENTS:

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

Applicant(s) hereby request(s) an extension of time of (check desired time period):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	

from: July 05, 2011 until August 05, 2011  
Date

## Fee Calculation

Fee for Extension of Time:	\$130	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	<b>TOTAL</b>	\$130

## Method of Payment

<input checked="" type="checkbox"/> Deposit Account	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other: _____
Deposit Account Number <u>012717</u>				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge the fee(s) set forth above
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
- Charge fee(s) indicated above, except for the filing fee
- Credit any overpayments
- If an additional extension of time is required, please consider this a petition therefor and charge any additional fees which may be required to the Deposit Account above.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on form PTO-2038.**

Amount Grand Total \$130

**Petition for Extension of Time  
under 37 CFR 1.136(a)**

Docket Number

FR-AM1982NP

**Correspondence Address**

Customer Number **31684**

-OR-

Name

Address

City

Country

Phone Number

E-mail Address

State

Postal Code

**Certificate of Mailing by Express Mail**

I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

*(Date of Mailing)*

*(Typed or Printed Name of Person Mailing Correspondence)*

*(Signature of Person Mailing Correspondence)*

*("Express Mail" Mailing Label Number)*

**Certificate of Mailing by First Class Mail**

I hereby certify that this Petition for Extension of Time, accompanying documents, and fee are being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on the date indicated below:

*(Date of Mailing)*

*(Name of Person Mailing Correspondence)*

*(Signature of Person Mailing Correspondence)*

**Certificate of Transmission**

I hereby certify that this Petition for Extension of Time, accompanying documents, and fee authorization are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated below:

*e-filed: July 07, 2011*

*Elizabeth Gilson*

*(Date of Transmission)*

*(Name of Person Transmitting Correspondence)*

*Elizabeth Gilson*

*(Signature of Person Transmitting Correspondence)*

**Signature Instructions**

Select the name of the person who will electronically sign the Petition for Extension of Time from the drop-down box below.

If a practitioner is not present in the drop-down list, you must close this form and select 'Add Practitioner...' in the Form Manager's Utility menu.

Verify that the signatory information is correct and press the 'eSign' button to electronically sign the submission. If you prefer to sign the form manually, simply do not click the 'eSign' button; just print and manually sign.

Signatory Drop-Down Box

**Steven D. Boyd**

Name	<b>Steven D. Boyd</b>		Registration Number	<b>31000</b>
Signatory Capacity	<b>Attorney for Applicant(s)</b>		E-mail Address	<b>steven.boyd@arkema.com</b>
eSign	<b><i>SD Boyd</i></b>		Date Signed	<b>July 07, 2011</b>